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ABSTRACT

A longitudinal study was made of a prevention-oriented early intervention program intended to help parents who had insufficient and inappropriate childrearing abilities. The program was designed for young parents with fewer than 5 years of childrearing experience; participants were referred from a child protection agency following investigation of inadequate child care. Parents were usually single females in their late teens and early twenties who had completed 1 year of secondary education and who received public aid. Their children were infants or toddlers who often showed some decrement in developmental progress. An eclectic, developmental, interactive research model was conceived to form the foundation for research and intervention goals and procedures. The model included prenatal, postnatal, infancy, and early childhood factors related to the prevention and occurrence of child abuse. After initial assessment of parent and child, parents individually received training involving positive reinforcement, ignoring, commands, and appropriate punishment in accordance with their needs and the developmental levels of their children. Therapists also trained parents in daily activities designed to improve the child's deficiencies and promote adaptive functioning. The treatment design compared the effectiveness of (1) child stimulation training and parent training with (2) parent training alone and (3) provision of agency services alone. Results indicated that participating parents improved in critical childrearing skills and reported fewer childrearing concerns and annoyances. (RH)

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Early Intervention Methods For Child Abuse Prevention

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This presentation will discuss the rationale & current progress of a longitudinal study of an early intervention program with parents who have insufficient and inappropriate childrearing abilities. We are applying many of the methods explored in previous studies with abusive and non-abusive parents to a younger population of parents who are at-risk of abuse, and attempting to improve the overall quality of the parent/child relationship at a very early stage. This approach is certainly not unique in its purpose or conceptual basis, although very few controlled investigations of such an approach have been reported (Helfer, 1982). Although behavioral intervention for abusive parents has produced initial promising findings, modifying parent/child interaction patterns that have been in operation for several years is a difficult and costly task. In contrast, parents with very young children appear to be more willing to accept direction with their childrearing methods, and involvement of the courts to protect the child becomes less necessary. Since these young parents have different needs and liabilities than most abusive parents, the current program has incorporated several new training methods into the program. These include greater emphasis on qualitative aspects of the parent-child relationship, developmentally appropriate activities and skill-rehearsal tasks, and enhancement of adaptive functioning in the child.

Developmental Process of the Parent/Child Relationship

Before discussing our program design and initial findings, I would like to begin by presenting a developmental, interactive research model which forms the foundation of our goals and procedures. This model is based upon empirical findings as well as theoretical assumptions derived from the disciplines of developmental and clinical psychology, pediatrics, and sociology, and has been arranged in a sequential, overlapping format.

Prenatal Factors. Although most of our early intervention methods are aimed at the young child, we strongly endorse the findings which highlight critical prenatal factors associated with abuse and related parent/child disorders. Thus, the developmental process of the parent/child relationship must first consider important correlational findings which are suggestive of early differences which may be predictive of healthy and at-risk relationships. Several major areas include:

a. Intrauterine Care. It is widely acknowledged that serious disturbances in fetal growth and development and later behavioral disturbances of the newborn can be affected by maternal nutrition, age, and viral and bacterial infections (Erickson, 1982), which are especially problematic among teen parents. These health factors, in addition to genetic endowment, may have a significant impact on the mother's and child's later abilities to establish strong ties.

b. Maternal Adjustment and Functioning. Although less clear, maternal attitudes and feelings regarding pregnancy are believed to affect complications during pregnancy, labor, and delivery. This is a grave concern among mother's who experience extreme stress or depression. In addition, mother's (and perhaps father's) use of drugs, alcohol, and cigarettes have been linked to infant prematurity, low birth weight, slowed development, and the "difficult child pattern" (Erickson, 1982).

c. Parent's preparation and supports related to childrearing. Prospective studies (e.g. Egeland, Breitenbucher, & Rosenberg, 1980) have reported that high life stress and change during pregnancy are linked to abuse and related problems especially among mothers who were anxious, unknowledgeable

about children, and ill-prepared. The addition of natural caregivers, family members, and similar support opportunities seems to mitigate the effects of life stress and personal adaptation to a significant degree.

Prenatal and Postnatal Factors. During this developmental, interactive sequence we again see precursors to healthy vs high-risk relationships. Infant-caregiver attachment develops over time through interactional processes that may have a significant effect upon the quality of later patterns of care (Ainsworth, Blehar, Waters, & Wall, 1978). Children who had been victims of abuse have been found to reveal more avoidant patterns than controls, which leads to further developmental decline. These patterns, in turn, have been linked to the quality of parenting rather than to the developmental status of the infant (e.g. prematurity, illness, etc; Egeland & Sroufe, 1981), since parents who were poorly adjusted before the child's birth were more likely to have negative outcomes with their child somewhat unrelated to the child's birth status.

Conversely, the parent who is well-prepared for life changes associated with childrearing is less likely to succumb to the increasing stress factors which prevail. Skills, knowledge, experiences, and support which boost the individual's coping abilities will increase their resistance to forces which oppose their healthy adjustment. Some of these forces are inherent in the infants' early temperament and responsiveness, which may contribute in important ways to their own treatment.

Infancy and Early Childhood. Several of the critical factors related to prevention of abuse at this stage include parental resources and responses to the child, and the child's opportunity and ability to develop adaptive behavior. Abusive parents have been found to be less involved and more passive

with their infants than controls, especially in terms of intimacy, speech, and stimulation. Specific qualities of the parents' behavior which enhance the relationship include (Epstein, 1980): Verbal communication, freedom to explore, contingent and non-coercive responses to the infant's needs, and positive affect. It appears reasonable that deficiencies in these areas could be remediated through early intervention.

Moreover, if these responses are age-appropriate, peer-supported, and otherwise successful for the parent at a very early point in the parental role, the risk of stress-mediated aggression toward the child may be reduced. This is especially important for high-risk parents who occasion aversive events on a daily basis (e.g. police, argument with family members, bill collectors) which interfere with their childrearing abilities and impair the parent/child relationship (Wahler, 1980).

The child's own development at this stage becomes a significant preventative issue. Although we cannot determine whether atypical infant behavior patterns precipitate abuse or result from abuse, we are aware of the contributions of infant characteristics. The child's development of verbal and social abilities at a young age may foster continued favorable adult responses. For example, a child who does not express positive affect, moderate activity level, or age-appropriate language and social skills is more likely to receive diminished or negative attention from adults. Similarly, Patterson's (1982) research suggests that aggressive and disruptive children, even at a very young age, are at-risk for increased punitive reactions from parents. Thus, infant cries, activity level, and responsiveness may significantly influence their care unless the parent is assisted in these efforts.

The culmination of this developmental process has been diagramed in Fig. 1, where distinct health vs. high-risk outcomes are shown. This model implies not only the sequential, interactive nature of child abuse but underscores the major variables of significance to abuse prevention. Evidence of the initial effectiveness of this approach has recently emerged from the National Center for Child Abuse Prevention (Gray, 1983).

The Parent/Child Early Education Program Model

The translation of this developmental process into available intervention strategies is shown in Fig. 2. These procedures stress the importance of intervention for the child as well as the parent, and the importance of supportive casework and community involvement. Although the actual training procedures employed are behaviorally based and empirically derived from other populations, it should be noted that several modifications have been made to adapt to the needs of this population, such as a strong emphasis on positive physical contact and child experiences, the availability of self-control training involving child behaviors, and especially the importance of the parent's role in stimulating child development and prosocial behaviors, as opposed to alternative home care or professional treatment of the child.

The goal of the program is to investigate the preventative benefits of early intervention procedures which emphasize qualitative and practical aspects of the parent-child relationship and the enhancement of child adaptive functioning. This program has been designed for young parents with less than five years of childrearing experience who have been referred from the child protection agency following investigation of inadequate childcare. These parents can be generally described as single females in their late teens and early twenties who have completed one year of secondary education and exist on

public support. Their children are infants or toddlers, who often show some decrement in their developmental progress (such as expressive or receptive language, social interaction, gross and fine motor abilities). Parents entering the program are assessed in terms of their current child management abilities through structured parent-child interactions, and measures of parental attitudes, personal adjustment, expectancies, and reported childrearing problems are completed. The physical, cognitive, and behavioral development of each child is assessed by medical and psychological staff.

Parents receive one-to-one training which involves positive reinforcement, ignoring, commands, and appropriate punishment in accordance with their needs and the developmental level of the child. In addition, therapists train parents to engage in daily activities with their child which serve to strengthen the child's areas of deficiency and to promote adaptive functioning. These activities include modeling and rehearsal of developmentally appropriate language abilities (e.g., eye contact, responding to simple sounds or phrases, producing sounds, etc.) and social interaction abilities (e.g., following directions, engaging in play with parent, expressing affection and needs). A criterion-based assessment and tracking system provides the framework and guidance for training adaptive abilities with the parent and child. The purpose of training is to establish beneficial skills and positive experiences for both the parent and the young child, and therefore training continues until the parent has begun to employ the skills consistently and appropriately. Once these initial gains are apparent, therapist contact is reduced from twice a week to once every two weeks, and subsequently bi-monthly follow-up sessions are begun for evaluative purposes.

The present treatment design was chosen to study the effectiveness of child stimulation training combined with parent training, in comparison with parent training alone and the agency services alone. We plan to continue follow-up assessments on a longitudinal basis, but at the present time we are interested primarily in the efficacy of these methods with a high-risk population.

The preliminary results of this early intervention program have been encouraging. The parents have been most receptive to a structured training approach which clearly demonstrates methods of eliciting desirable infant/toddler responses and they spend more time engaging in positive, as opposed to disciplinary/restrictive, activities with their child. Following an average training period of two months, parents have shown improvements in critical childrearing skills (e.g., direct commands, attention, praise) and report fewer childrearing concerns and annoyances. Whereas the effectiveness of the program in developing adaptive abilities of the child must await longitudinal assessment, children appear to be responding to changes in their parent's behavior in terms of increased compliance and fewer undesirable behavior following intervention.

The psychologist's role in preventing abuse entails methods for enhancing parental competence through education and training. This presentation has pinpointed several critical areas of need for the parent and child which appear to be amenable to early intervention. First, the parent's skills in teaching new behaviors and handling difficult child behavior can be enhanced through well-documented parent training procedures, involving direct observation, feedback, demonstration; and rehearsal of important skills. Second, a parent

who experiences high levels of anxiety, tension, or arousal, and/or has a child who displays highly aversive behavior can be taught effective coping strategies, such as relaxation and stress management. Third, the parents' early expectancies and responses to the infant and young child can be enhanced by preparing the young parent for childrearing responsibilities and life changes. This latter goal could be combined with the recognized need for supportive educational guidance and support systems during pre- and post-natal periods. Throughout each of these goals is an implicit emphasis upon enhancement of the child's physical, psychological, and behavioral development. During parent training or supportive counseling, the parent can be taught methods for stimulating the child's language and social development through enjoyable home activities and parent-infant experiences.

During the development of competency-based child abuse prevention programs, other factors which may contribute to success will require consideration. Since we cannot accurately predict who may become abusive, screening parents for involvement in early intervention requires collaboration among many community service providers and the families, with more emphasis on opportunity and less upon punishment. In adddition, the timing of early intervention may prove to be of considerable importance, and therefore we must modify our stance from reactive to proactive in order to attract the target population. Perhaps most important, an early intervention approach to child abuse must be flexible and responsive to the individual needs of the family. The teaching of skills and knowledge related to childrearing can best be accomplished when the unique attributes, values and limitations of each family are fully understood, and the goals are established in accordance with each family's relative needs.

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References

Ainsworth, M. D. S., Blehar, M., Waters, E., & Wall, S. Patterns of attachment: Observations in the strange situation at home. Hillsdale, N.J.: Lawrence Erlbaum Associates, 1978.

Egeland, B., Breitenbucher, M., & Rosenberg, D. Prospective study of the significance of life stress in the etiology of child abuse. Journal of Consulting and Clinical Psychology, 1980, 48, 195-205.

Egeland, B., & Stroufe, L. A. Attachment and early maltreatment. Child Development, 1981, 52, 44-52.

Epstein, A. S. Assessing the child development information needed by adolescent parents with very young children (Project report). Ypsilanti, Mi: High/Scope Educational Research Foundation, 1980.

Erickson, M. T. Child Psychopathology (2nd edition). Englewood Cliffs, N.J.: Prentice-Hall, 1982.

Gray, E. What have we learned about preventing child abuse? Available from the author at the National Committee for Prevention of Child Abuse, 332 South Michigan Avenue, Chicago, Illinois 60604.

Helfer, R. E. A review of the literature on the prevention of child abuse and neglect. Child Abuse and Neglect, 1982, 6, 251-261.

Patterson, G. R. Coercive family process. Eugene, Oregon: Castalia Publishing Company, 1982.

Wahler, R. G. The insular mother: Her problems in parent-child treatment. Journal of Applied Behavior Analysis, 1980, 13, 207-219.

Wolfe, D. A. Parental competence and child abuse prevention. In R. J. McMahon & R. Peters (Eds.), Childhood disorders: Behavioral-developmental approaches. New York: Bruner/Mazel, in press.